

# The JOAG Journal

*A newsletter by junior officers for junior officers*



## Letter from the Chair

Dear Junior Officers,

I want to first thank the 2008-2009 JOAG Executive Committee (Chair LCDR Maleeka Glover, Vice Chair LCDR Jessica Feda, Treasurer LCDR Carlos Bell, and Executive Secretary LT Jessica Schwarz) for the outstanding year we had. It is only through their tireless efforts over the past year that we have such a solid foundation for this year's activities. Their selfless dedication working countless hours behind the scenes resulted in many accomplishments that were recently recognized by the Office of the Surgeon General (OSG), who have strengthened its support of JOAG. Additionally, I would like to recognize some of the more recent past Chairs, LCDR Aimee Treffiletti, LCDR Thomas Pryor, and LCDR Claudine Samanic, all of whom I had the pleasure of working with when I was a new PHS officer just getting involved with JOAG as a general member. They may not realize it, but they were my beacon of light when I was feeling lost trying to find my way through the Corps. I remember dialing into the JOAG meetings and feeling a sense of pride as these outstanding officers represented the future of my Corps. Their evident enthusiasm motivated me to become actively involved in JOAG as I was proud to serve under their leadership. Their vision and forward thinking has enabled JOAG to grow into the highly regarded organization it is today. As you can see, I have big shoes to fill.



In looking ahead to the 2009-2010 operational year, I am honored to serve as JOAG Chair and working with the JOAG Executive Committee and voting members in advocating for you – the 3,130 junior officers who represent almost half of the Corps. These are exciting yet challenging times for all of us as our Corps continues to undergo Transformation. I am committed to ensuring that junior officers have a voice in all Transformation initiatives and policy changes by actively engaging with OCCO, OCCFM, OFRD, CPOs, PAC Chairs, and OSG on a regular basis. We will have JOAG representation on all high level work groups and task forces as permitted. Additionally, I want to assure you that I will continue to advocate for junior officer professional development above and beyond the current Officer Basic Course.

[Continued on page 17.](#)

### Original Features:

Letter from the Chair: Page 1

Junior Officer Spotlight: Page 2

Uniform Corner: Page 3

Announcements: Pages 16

### From the Committees:

New Officers: Page 13

Officer Promotions: Page 14

Merchandise: Page 15

### Officer Contributions:

H1N1 Flu Task Force: Page 4

H1N1 Preparedness and Response, Part I: Page 5

AP Hill Experience: Page 6

Photos from OFRD-Sponsored Training: Page 7

SAT: New Team on the Block: Page 8

Working with HOSA: Page 9

### Officer Achievements:

Carruth Wagner Award: Page 10

Pharmacy Month: Page 11

Habitat for Humanity: Page 12

JOAG Executive Committee: Page 16

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## JUNIOR OFFICER SPOTLIGHT



**Officer:** LCDR Lori Snidow

**Category:** Dental

**Education:** Bachelor of Science (Chemistry/Latin), Randolph-Macon College 1993; Master of Science in Teaching (Chemistry), University of Florida 1995; Doctor of Dental Surgery, Virginia Commonwealth University 2000

**Home town:** Bristol, TN

**Agency:** Indian Health Service

**Current Assignment and Duties:** I am a Staff Dental Officer, Advanced at the Pawnee Service Unit in Pawnee, Oklahoma. I provide dental care as part of a three doctor team to patients from our seven county service area as well as those who travel from underserved areas in Kansas. I also serve on four clinical committees: Diabetic Care, Periodic Performance Review, Infection Control, and Environment of Care.

**Previous Assignment(s):** This is my first assignment.

**How did you find out about the PHS?** I found out about the PHS through the IHS recruiting team. CDR Lynn Van Pelt discussed all of the options with me in detail (PHS, GS, and tribal hire), and PHS seemed like a great way to go.

**What was the most challenging part of applying for the PHS?** I think the waiting time between application and commissioning was the most difficult. When my previous employer found out I was leaving, he decided to close the satellite office where I worked and lay me off. Fortunately I had prepared financially but the following 2 months were stressful.

**What are your goals with the PHS?** I am getting ready to start my MPH studies, focusing on disaster management and humanitarian assistance. While I enjoy clinical dentistry, I would like to take my career in the readiness and response direction at some point.

**What is your most memorable PHS experience so far?** By far, my most memorable experience was being a part of Continuing Promise 09 on board the USNS Comfort. As an officer, it was a great learning opportunity to be around other PHS officers as well as Navy personnel. As a clinician, working in an environment with limited resources and even more limited diagnostic equipment while facing an almost overwhelming need really changed the way I approach my clinical practice on a daily basis. It greatly enhanced my problem solving skills and increased my confidence in dealing with complex oral surgical cases.

**What advice would you give to prospective PHS applicants (or other Jr. Officers)?** The three most critical attributes one can have as a new officer are patience, communication, and flexibility. Not only do you have to be patient with "the system" in terms of waiting for things to get done, but you also have to be patient with your senior officers. Many of them have had experience both with junior officers who were great from the start, and others who were not so great. It will take a while for you to earn their respect, but with perseverance, respect will come. It is important to communicate with your senior officers at your duty station and with your mentor, especially while you are still learning the ropes. You need to know what their expectations are from the outset, and how you can best support the team. Finally, you need to be flexible. Even though it may not be immediately apparent, every rule, procedure, and guideline is in place for a reason. This can be particularly frustrating for a clinician transitioning from private practice where there is more flexibility in one's style and scope of practice. Again, honest communication with your senior officers is critical to understanding the whys and how's of PHS practice that may not be immediately evident.

## Uniform Corner: Can I Wear that on Deployment?

Contributed by LT Leslie Cartmill

With a uniform that's only worn on Fridays (or for most us, just on deployments and field training exercises), it's no wonder there are so many misconceptions on uniform policies regarding BDUs. The following are a few issues that seem to get debated most frequently. Spread the word!

1. Wearing the PHS Command Ball Cap and Black PHS T-shirt with civilian clothes: The Black PHS T-shirt and PHS Command Ball Cap are authorized to be worn with civilian clothes however the rank insignia must be removed from the ball cap when not in uniform. Officers at O-5 or above cannot wear the visor ornamentation ("scrambled eggs") on the bill while in civilian clothes, and must wear the plain bill if choosing to wear the ball cap off-duty.
2. Wearing gold post earrings with BDUs: Although the health and safety implications of wearing earrings with BDUs (especially while on deployment) may warrant their restriction during specific activities, there are currently no uniform regulations preventing their wear with BDUs, especially in the normal office setting.
3. Wearing Fingernail polish with BDUs: Fingernail polish is allowed however it must follow the requirements for general uniform wear (no faddish bright colors, i.e. fire engine red, canary yellow, etc.)

PHS uniform regulations can be found at:

<http://dcp.psc.gov/eccis/CCISToc.aspx?ShowTOC=N>

Please send any ideas for future "Uniform Corner" columns to  
LCDR Gene Gunn, Jr. at [gene.gunn@fda.hhs.gov](mailto:gene.gunn@fda.hhs.gov).



U.S. Public Health Service  
Command Ball Cap



Applied Public Health Team #3 at  
the Joint Field Office in Austin, TX  
during Hurricane Ike Deployment,  
September 2008



U.S. Public Health Service  
Black T-shirt

## HHS 2009-H1N1 Flu Task Force

Contributed by CAPT Clare Helminiak, MD, MPH

This year the Nation was challenged by the first pandemic of the twenty-first century: the 2009-H1N1 influenza. The relatively mild spring and summer waves granted Federal, State, local, Tribal, and Territorial leaders a chance to review plans, evaluate our initial response actions, and prepare for the fall wave.

In anticipation for a potentially serious 2009-H1N1 influenza wave this fall, the White House National Security Staff (NSS) released the **National Framework for 2009-H1N1 Influenza Preparedness and Response** in July to galvanize and focus national efforts to protect the health and safety of the American people. The Framework established an integrated 2009-H1N1 strategy, including timelines for preparedness and response readiness based on four pillars:

1. **Surveillance:** Enhanced efforts to achieve timely and accurate situational awareness of evolving disease and the impact on critical sectors to inform policy and operational decisions
2. **Mitigation Measures:** Interventions to slow the spread of illness and reduce the impact of infection and illness on individuals and communities
3. **Vaccination:** Actions to secure safe and effective vaccines and to ready a national vaccination program to enable the United States to begin voluntary immunization upon a recommendation that this approach is warranted
4. **Communications and Education:** A coordinated campaign to foster a convergence of action across all levels of government, the private sector, the entire healthcare sector, faith-based and community-based organizations, and individuals.

In response to the release of the **National Framework**, the Assistant Secretary for Preparedness and Response (ASPR), Rear Admiral Nicole Lurie, created the 2009-H1N1 Task Force to coordinate and consolidate H1N1 strategic program activities, serve as the focal point for policy coordination, and ensure that HHS's **National Framework** activities and accomplishments were reported to the Department of Homeland Security (DHS) according to NSS timelines.

The Task Force recruited both Commissioned Corps and civil service staff, with 7 lead staff assigned to each of the key capability "pillars" of surveillance, mitigation measures, vaccination, and communication and education as well as antivirals, medical surge, and Federal workforce. The Task Force met daily with the HHS Chief of Staff, Rear Admiral Lurie, and other senior HHS Agency leadership to review ongoing activities to ensure our successful execution of the **National Framework** strategy. The Task Force collaborated closely with DHS to establish a Common Operating Picture (COP) for 2009-H1N1, a single display of relevant information to facilitate collaborative planning and situational awareness.

All of the HHS agencies contributed their unique expertise to the overall H1N1 response, but most notably was the vaccination program. ASPR's investment over the past six years in medical countermeasure advanced research and development enabled HHS to complete 2009-H1N1 vaccine development with unprecedented speed. ASPR's Biomedical Advanced Research and Development Authority (BARDA) worked with industry to build and sustain a domestic manufacturing infrastructure, by retrofitting existing vaccine manufacturing facilities and building new cell-based influenza vaccine manufacturing facilities. The Food and Drug Administration (FDA) was fully engaged with industry to substantially increase the number of U.S. licensed seasonal influenza vaccine manufacturers and their overall production capacity, and managed the vaccine licensure. The National Institutes of Health (NIH) supported research and clinical trials, key components of vaccine development. [Continued on page 17.](#)

## Junior Officers Contribute to H1N1 Preparedness and Response, Part I

Contributed by LCDR Elaine Wolff with inputs from  
Fellow Junior Officers

Since it's detection in April 2009, Novel influenza A (H1N1) has sparked a growing and expanding outbreak of illness throughout the United States and worldwide. On June 11, 2009, the World Health Organization (WHO) signaled that a global pandemic of novel influenza A (H1N1) was underway and raised the world-wide pandemic alert level to Phase 6.

Since the WHO declaration of a pandemic, the virus has continued to spread. Many countries have stopped counting individual cases, including the United States, so the case count is significantly lower than the actual number of reported cases. Both the H1N1 Flu virus and the regular seasonal influenza viruses are circulating this fall and winter. This year's annual flu season poses the potential to cause significant illness, as well as increased numbers of hospitalizations and deaths from both the seasonal flu as well as the H1N1 Flu.

Given the widespread nature of the H1N1 Flu pandemic, and its impacts, many federal agencies have been actively engaged in a wide range of planning, preparatory, implementing, policy, and response activities. Please note that numerous junior officers contributed their preparedness and response plan in our Nation's H1N1 Flu efforts, with several highlighted below.

**LCDR Elaine Wolff**, Departmental Pandemic Influenza Coordinator for the Department of the Interior (DOI) Office of Emergency Management: Since coming to this assignment/duty station in January 2007, I have been responsible for overall coordination of the Department's nationwide planning and preparedness activities for pandemic influenza and the H1N1 Flu Pandemic. In this role, I represent the Department to multiple interagency policy and planning groups, and coordinate with a broad spectrum of organizational units within DOI in our Department's H1N1 Flu Pandemic planning/preparation and implementation activities. A major function of this role has been (and will continue to be) communicating the evolving situation and public health guidance from the Centers for Disease Control and Prevention (CDC) and other interagency partners to DOI's Bureaus and Offices. We communicate this guidance and information through guidance policy memos and DOI H1N1 Flu website ([www.doi.gov/emergency/h1n1](http://www.doi.gov/emergency/h1n1)) that is tailored to, and provides specific information for, DOI employees, supervisors, emergency managers, and the multiple mission areas of the Department (including woodland fire, Indian affairs and education, law enforcement, and emergency services).

**LCDR Amy Chanlongbutra**, Department of the Interior, National Park Service (NPS), Office of Public Health: As part of the NPS H1N1 response team, I provide updates on current our NPS H1N1 Flu activities to senior management and assist in efforts to communicate basic prevention strategies through the creation and distribution of "Preventing H1N1" posters and an internal and external website that provides guidance to park employees and visitors on the H1N1 Flu. The Office of Public Health also has regional public health consultants that work directly with parks and regions and we provide support in their work to communicate and answer questions regarding H1N1 and preparedness planning. Finally, I work to communicate and coordinate the NPS H1N1 Flu efforts with those of DOI and other NPS offices.

[Continued on page 18.](#)



## My Fort AP Hill Experience

Contributed by LTJG Daveta Bailey

I had the glorious privilege and honor of bonding with team members of all ranks and agencies during this year's Office of Force Readiness and Deployment (OFRD) training that took place in Fort AP Hill, Virginia. Being a part of this field training exercise (aptly named "Operation: Charybdis") with other PHS officers was the greatest feeling of belonging I have ever experienced.

For those who do not know, Fort AP Hill is an Army Training Facility that provides training opportunities for joint services as well as other government agencies. The week-long training was one of the largest trainings ever for PHS officers. According to OFRD, the basis of training was to improve operational readiness (especially in a combined response that require cohorts of special medical needs patients in the face of H1N1 resurgence); build resiliency, and foster cross-cultural expertise. The groups represented included several OFRD deployment teams, Office of the Assistant Secretary for Preparedness and Response (ASPR), Medical Reserve Corps, the Inactive Reserve Corps, National Disaster Medical System (NDMS), and a few Department of Defense (DoD) officers.

### HETH House: Main training facility

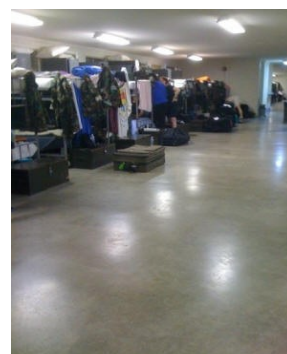
While at Fort AP Hill we were treated like and expected to conduct ourselves in a traditional military training environment. We ate in the "Chow Hall", slept in the barracks, and used communal showers. Morning wake-up calls were early, and it seemed like every minute of our day was strategically planned (which, of course, it was).

My week began with in-processing on Sunday night at the HETH house (where the majority of our trainings also took place). On Monday morning we arrived at the HETH house and commenced orientation and team time. Throughout the day various teams took part in the Leadership Reaction Course, which proved a little challenging for some and quite hilarious to others. Teamwork was the name of the game and some of the tasks that were given required patience, two engineers, and the lowest ranking junior officer to keep everyone in line.

During the week, teams were able to choose from different learning tracks which offered such classes as: Inspections of Temporary Mass Feeding Sites, Community Assessment for Public Health Emergency Response (CASPER), Communications (how to operate satellite phones and two way radios), Advanced Cardiac Life Support (ACLS), and Introduction to Field Medical Stations (FMS). From learning to properly communicate and operate field radios, to the Leadership Reaction Course, there was plenty to learn, observe, and do. At the end of the day, we all returned back to the barracks and were allowed to conduct personal time (or PT) activities, or just meet and get to know our team members better. Barrack living was definitely a bonding experience, with seasoned and prior-service officers sharing uniform tricks and deployment "must have's" with the newer team members. [Continued on page 19.](#)



Heth House



Barracks



Morning Formation



**Photos from this year's OFRD-Sponsored  
AP Hill Training  
Operation: Charybdis**  
Contributed by Various Junior Officers



[Photo Captions on Page 19](#)



## SAT: New Team on the Block

Contributed by Shani J. Smith and LT Selena Read

When most see the acronym "SAT" it may bring back memories of taking the college entrance exam. However, in the Commissioned Corps it stands for something just as significant. Services Access Teams (SAT) were established by the Office of Force Readiness and Deployment (OFRD) leadership and a team of USPHS officers in 2009 to deploy in response to public health emergencies. In past deployments, OFRD discovered there was not an operational plan to follow up with discharged Field Medical Service (FMS) disaster victims concerning housing, medical, and social service needs. Special populations, such as the elderly, mentally ill, disabled, and children who are separated from their guardians, needed special assistance. In response to this great need, the SAT was born.

OFRD's official description states that each SAT is capable of responding to the many immediate and midterm public health emergencies and urgent health needs arising from a major disaster or other event. The role of the SAT team in deployment is assessing the needs and working as liaisons between accessible service agencies and FMS disaster victims to provide services such as shelter placement, ongoing medical services, and special needs. The SAT will advocate and connect, locating services and making requests for the affected individuals and populations being discharged from the FMS. Furthermore, each SAT will track those people and provide continuing assistance or follow-up. Finally, each SAT is able to collect information and analyze State, Tribal or local programs for effectiveness of their services and corresponding services delivery.

Based upon the description of SAT, you may believe the members are primarily social workers and psychologists who are trained in case management. However, SAT members are professionally diverse and any Commissioned Corps officer can be a part of this team. "Compassion and dedication for the victims and their situation are essential," relates CDR Benitez-McCrary, SAT #1 team leader. Social workers, nurses, therapists, pharmacists, medical technologists, dieticians, project officers, and IT professionals are just a few examples of the categories represented.

As a new OFRD team, SAT has not been deployed, but the training received at Fort A.P. Hill this summer prepared SAT for pandemic and natural disaster emergencies. Many team members report that the training was crucial. It helped them to develop an understanding of team function within the FMS and how their individual skills could help the team accomplish their mission. It also brought all the OFRD teams together in an area and allowed for personalities to conflict, strife to ensue, and for the leaders to rise to the top. "It was amazing to be a part of a group of people who came together for the first time and performed at such a high level," expressed SAT # 3 team leader, CDR Chris McGee. Overall, the training provided a great foundation for the further development and assessment of functionality of the SAT and its mission.

For all those interested in joining the SAT, please visit the Office of Force Readiness and Deployment (OFRD) website: <http://ccrf.hhs.gov/ccrf/>.



Group picture of SAT #1 from left to right: CDR Mercedes Benitez-McCrary, CDR Michelle Everett, LCDR Jennifer Jones, CDR Victoria Vachon, LCDR Kyong Hyon, LCDR Angela Richardson, RADM Robert Williams, LT Christina Coriz, LCDR Chantal Phillips, LT Karina Aguilar, LCDR Monique Frazier, LCDR Janet Cliatt



SAT Team members LTJG Good and LCDR Thompson



## Working with HOSA to Engage the Public Health Leaders of Tomorrow

Contributed by LT Samuel Schaffzin, MPA

As junior officers, we tend to find ourselves seeking resources and mentorship opportunities that will help enhance our leadership skills and overall professional experience. Seeking and taking on leadership experiences at different levels that provide us with opportunities to give back and influence others is a crucial component to our professional development. In collaboration with other USPHS entities, JOAG will be partnering with the Health Occupations Students of America (HOSA) to create opportunities for junior officers to build on their leadership skills while mentoring high school and college students.

### **HOSA: A Background**

HOSA is a national student organization that promotes career opportunities in the health care industry. HOSA provides knowledge, skills and leadership development opportunities to high school and college students. To date there are 107,000 HOSA members, 44 chartered HOSA State Associations, and more than 3,000 secondary and post-secondary HOSA chapters. Since its inception in 1976, HOSA has recruited, developed, and encouraged more than 1.2 million students to pursue a career in the health professions.

### **USPHS Commissioned Corps and HOSA**

The USPHS Commissioned Corps began to work closely with HOSA in 2006 when then Deputy Surgeon General RADM Kenneth Mortisugu provided the keynote address at the HOSA annual conference and met with HOSA leadership on a follow up visit to Washington, D.C. These interactions opened the door to what has become a strong working relationship between the Office of the Surgeon General (OSG), the USPHS Commissioned Corps, and HOSA.

Since then, RADM Robert Williams (Acting Deputy Surgeon General) and CAPT Robert Tosatto (Director of the OSG/Office of the Civilian Volunteer Medical Reserve Corps) have served as keynote speakers at subsequent HOSA annual conferences, student leadership academies, and state advisor meetings. Following the 2009 HOSA Leadership Conference, RADM Williams characterized the growing relationship with HOSA by stating, "I simply cannot find enough good words to describe what HOSA means to those of us who are building America's future healthcare system; and, further, what the ever growing relationship between HOSA and the Office of the Surgeon General means to me".

### **Current Initiatives**

Through leadership of the Division of Commissioned Corps Recruitment, the Commissioned Officers Association, the Office of the Civilian Volunteer Medical Reserve Corps, the USPHS Commissioned Corps continues to have a presence at HOSA conferences, leadership academies, state advisor meetings, and chapter events. Our USPHS colleagues have invited HOSA members to shadow officers and have encouraged officers to serve as judges and guest speakers at HOSA events. At this time, an OSG sponsored internship for HOSA student leaders is being developed. Finally, JOAG recently established the JOAG HOSA Workgroup, whose primary goal is to develop a mentoring program between junior officers and HOSA members.

These efforts will undoubtedly give junior officers additional opportunities to get involved and build upon the existing partnership between HOSA and the USPHS Commissioned Corps. Junior officers have an opportunity to influence others through their participation in USPHS/HOSA activities. In doing so, we will inevitably enhance our skills and capabilities as leaders, and together will help HOSA and USPHS Commissioned Corps achieve a common goal of cultivating the public health workforce of tomorrow.

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*Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>*

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## The First Carruth Wagner Award Recipients

Contributed by LCDR Linda Bridges



Pictured Center: LCDR Darlene Brown

During the 2009 USPHS Scientific and Training Symposium, the first Carruth Wagner nursing award recipients were recognized. Dr. Carruth Wagner, who dedicated his life to improving the health of a nation, was known throughout his 30 years of service in the federal government as a pioneer in educational and training techniques used to improve health care quality for both patients and providers. There are five awards: Advanced Practice Nurse Award, Nursing Support Award, an Innovative Collaboration in Public Health Award, Nurse Leadership Award, and Nurse of the Year Award.

In this group of honorees was one junior officer, LCDR Darlene C. Brown. LCDR Brown was awarded the Carruth Wagner Nursing Support Award for her work and efforts related to wound care. As a clinician at the Federal Medical Center (FMC) in Butner, North Carolina, she identified a need for a Wound Care Professional and became Wound Care Certified. LCDR Brown performed collateral duties related to wound care. She revised and wrote policies, and developed and implemented a Wound Care Pilot Program. She spent many hours educating staff on these policies and the Pilot Program. It was not uncommon to see LCDR Brown staying late or coming to work on her days off. Her efforts saved FMC Butner Bureau of Prisons thousands and thousands of dollars. She is dedicated to education and wound care. She captured Dr. Wagner's philosophy of increasing education, knowledge, and training of all health professionals.

**JOAG's mission is to provide advice and consultation to the Surgeon General, Chief Professional Officers, Professional Advisory Committees, & other Commissioned Corps groups on issues relating to professional practice and personnel activities affecting Junior Officers in the USPHS Commissioned Corps.**

## Pharmacy Month Celebrated by Officers and Technicians at Alaska Native Medical Center

Contributed by LCDR Anne Marie Butt, LCDR Sara Doran, LCDR Kara King, & LCDR Judy Thompson



Pharmacy Month Planners LCDR Bott and LCDR King pose with the official pharmacy month banner while setting up for the first event-breakfast



Pharmacy staff pictured above enjoyed showing off their "Know Your Medicine, Know Your Pharmacist" t-shirts!

The Alaska Native Medical Center (ANMC) recognized National Pharmacy Month for its fourth consecutive year. The effort to celebrate National Pharmacy Month was led by a team of four junior officers. National Pharmacy Month is an excellent way to promote the profession of pharmacy and boost morale within the pharmacy staff. ANMC pharmacy staff consists of over 40 Public Health Service Officers and 60 pharmacy technicians and administrative support personnel.

During the month of October, the junior officers planned a different activity for each of the five weeks. The first week started with an all pharmacy staff breakfast to bring together the four ANMC pharmacies of Inpatient, Outpatient, Primary Care Center, and Rural Anchorage Service Unit. The second week, a Milk & Cookies break was offered to the staff as a well deserved treat. The third week, the junior officers held an Ice Cream Social which allowed pharmacy staff members to create their own root beer floats and ice cream sundaes! Coincidentally, Boss's Day falls in the month of October. Pharmacy managers received gift cards for their outstanding leadership and dedication to staff development. During the fourth week, pharmacy technicians were recognized by the pharmacy officers for their hard work with an exclusive catered lunch. The fifth week concluded pharmacy month with a Halloween potluck. Pharmacy staff enjoyed the holiday with pumpkin carving and costume contests.

Official "Know Your Medicine, Know Your Pharmacist" banners recognizing National Pharmacy Month were placed outside each of the campus' pharmacies to increase patient and hospital staff awareness. Additionally, t-shirts were sold again for the second year to pharmacy staff in another attempt to increase visibility of the pharmacy profession outside the walls of the pharmacy. The red and white t-shirts were worn on each Friday during the month of October, prompting interest and appreciation of National Pharmacy Month.



## Giving Back to the Community: Atlanta COA Volunteers for Habitat for Humanity

Contributed by LCDR Darrlyn Cornelius-Averhart, MPH, CHES



**PHS Officers from the Atlanta Commissioned Officers Association with Habitat for Humanity Volunteer**

Nine Atlanta Commissioned Officers Association (ACOA) participated in building a Habitat for Humanity home for the fourth year in a row. The service project took place on Saturday, September 26<sup>th</sup>, with officers participating in Day Six of the home project. Each house is built over seven consecutive Saturdays with as many as 35 volunteers. Participating on Day Six was truly exciting for all officers in attendance. We assisted in completing tasks which included: touch up exterior painting, finish soffit and fascia, finish interior painting, installing doorknobs and bathroom hardware, installing porch and ramp railings and overall clean up. The day may have ended just a little early due to rain showers, but the owner Maria was thrilled to have us as well as many other volunteers in attendance. Volunteers began arriving at 0700 hours and worked until approximately 1500 hours, under the supervision of a Habitat for Humanity House Leader, Alex Cook. A continental breakfast, lunch, and snacks were provided by the ACOA. At the end of our workday, the house was near completion and left everyone with a sense of accomplishment and the great feeling of giving back to the community. Everyone involved agreed that it was a personally rewarding experience and that ACOA should continue to sponsor other community service activities with Atlanta Habitat for Humanity. We look forward to rolling up our sleeves again next year.

For more information about Atlanta Habitat for Humanity, see Habitat for Humanity fact sheet, [Habitats](#).

### JOIN OUR MEETINGS

Join us for JOAG's monthly meetings via teleconference or in person. Our meeting is the second Friday of each month from 1300 to 1500 EST.  
Call in information: Dial number: 800-857-2603 Passcode: 9479205  
Surgeon General's Conference Room (18-57) Parklawn Building,  
5600 Fisher's Lane, Rockville, MD

# JOAG Welcomes 238 Newly Commissioned Officers!

Contributed by the JOAG Welcoming Committee

## ATSDR

LTJG Dana Robison  
LTJG Milan Rondorus

## BOP

LCDR Catherine Helmstetter  
LT Kathryn Butler  
LT Karen Carlisle  
LT Fabian Chaparro-Rodriguez  
LT Rodrigo Chavez  
LT Amy Flynn  
LT Alfredo Garcia  
LT Rebecca Lopez  
LT Raquel Medina  
LT Tina Objio  
LT Summer Pearson  
LT Lucille Richardson  
LT Janathan Woywod  
LTJG Fahad Alsayyid  
LTJG Jamie Altman  
LTJG Angelica Chica  
LTJG Tyketra Dale  
LTJG Alisha Dowrich  
LTJG Rebecca Hampton  
LTJG Brittany Henderson  
LTJG Ryan Johnson  
LTJG Jason Kopera  
LTJG Samuel Motto  
LTJG Lisa She  
ENS Seth Einhorn  
ENS Jacklyn Finocchio  
ENS Elizabeth Fleischer  
ENS David Jackson  
ENS Devin Kramer  
ENS Christopher Lafleur  
ENS Hannah Niday  
ENS Michele Shaver  
ENS Dereck Smith  
ENS Michelle Storey  
ENS Craig Thompson  
ENS Elizabeth Thompson  
ENS Michelle Williams

## HCFA

LCDR Matthew Febbo  
LTJG Olive Davies-Cole

## HRSA

LCDR Robbin Lewis  
LT Michael Amoh  
LT Vesnier Lugo  
LT Patrick Neubert  
LT Tonya Twyman  
LTJG Adriane Fisher

## IHS

LCDR Eric Abat  
LCDR Devin Davis  
LCDR Cathie Frazier  
LCDR Cynthia Long  
LCDR Bennie Mullins  
LCDR Sharon Notah  
LCDR Steven Rietz  
LCDR Deonda Roberson  
LT Shannon Ardaololo  
LT Brandon Beckman  
LT Antoine Bondima  
LT Jacob Condon  
LT Lessina Dele  
LT Mark Ellis

## IHS

LT Amber Foster  
LT Reginald Gibb  
LT Timothy Gordon  
LT Jacob Hess  
LT Lesley Hines  
LT Linda Ho  
LT Ha Thi Huynh  
LT Melissa Hunt  
LT Phil Jaquith  
LT Muhammad Kanakri  
LT Jennifer Kast  
LT Ashlee Knapp  
LT Ryan Manning  
LT Scott McGrew  
LT Michael Oshea  
LT Sunday Oyewo  
LT Yves Parker  
LT Katherine Ping  
LT Ruth Reed  
LT Craig Rennard  
LT Jasmin Roman  
LT Aaron Ross  
LT Shad Schoppert  
LT Zubila Shafiq  
LT Dennis Sperele  
LT Stacey Tysver  
LT Christopher Vaught

## CDC

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LCDR Miguel Cruz  
LCDR Matthew Willis  
LT Jeneita Bell  
LT Amy Freeland  
LT Samuel Graitcer  
LT Monica Leonard  
LT Silvia Luna-Pinto  
LT Andrea McCollum  
LT Roberto Valverde  
LTJG Kathy Holiday  
LTJG Shauna Mettee

## DHS

LCDR Christopher Bennett  
LCDR Tara Daugereau  
LT Edgardo Alicea  
LT Felix Alicea  
LT Daniel Baker  
LT Daniel Barcomb  
LT Kojo Danso

## DHS

LT Pamela Davis  
LT Deborah Hall  
LT Li-Kuei Hung  
LT Michael Krug  
LT Maury Meredith  
LT Preston Shumaker  
LTJG Jacobo Almanza  
LTJG Latrelle Copeland  
LTJG Quowanda Ford  
LTJG Kimberly Starkey  
LTJG Shariffa Vaughn  
LTJG Erica Wawro  
LTJG Darielis Williams

## DOD TMA

LCDR Bryan Davidson  
LCDR Bithiah Reed  
LT Alexander Balbir  
LT David Barry  
LT Jennifer Bodart  
LT Jeremy Combs  
LT Meghan Corso  
LT Robert Cox  
LT Rachel Darnell-Miller  
LT Vickie Felix  
LT Mark Jimenez  
LT Jonathan Lewis

## IHS

LT Sheila Villines  
LT Benjamin Warren  
LT Matthew Watson  
LT Julie Whitmire  
LT Jenne Wong  
LT Sarah Yandell  
LT Martin Yoon  
LT Fady Zaki  
LTJG Glenn Berry  
LTJG Crystal Bright  
LTJG Casey Cavanaugh  
LTJG Timothy Harris  
LTJG Devon McCabe  
LTJG Teresa Miller  
LTJG Justin Nordstrom  
LTJG Danny Ritter  
LTJG Timothy Shelhamer  
LTJG Jason Truax  
LTJG Matt Vogt  
LTJG Cody Wolff  
ENS Ashley Burns  
ENS Tyson Frodin  
ENS Patrick Harper  
ENS Samantha Kinney  
ENS Nicholas Laughton  
ENS Justin Markley  
ENS Eric Matterhausen  
ENS Aaron Muesborn  
ENS Brian Pauul  
ENS Daniel Plaisted  
ENS Kathleen Ridgley  
ENS Samuel Shell  
ENS Christine Soohoo  
ENS Thu Tran

## INTERIOR

ENS Sarah Keyes

## JUSTICE

LTJG Christipher Dubose

## NIH

LCDR Margaret Bevans  
LCDR Alice Fike  
LT Candice Cottle-Delisle  
LT Stefanie Glenn  
LT John McLamb  
LT Dustin Price  
LTJG Kazuhiro Okumura  
LTJG Beth Osterink  
ENS Melissa Amaya  
ENS Frances Andrada  
ENS David Cook

## EPA

LTJG Griff Miller

## FDA

LCDR Gene Gunn  
LCDR Linda Hoover  
LCDR Cynthia White  
LCDR Jennifer Rhyu  
LT Christye Brown  
LT Minh-Huong Doan  
LT Rory Geyer  
LT Suzanne Healy  
LT Carla Hinz  
LT Arthur Hurst  
LT Matthew Kirchoff  
LT Michael Kopf  
LT Juan Lacayo  
LT Octavis Lampkin  
LT Christine Le  
LT Elizabeth Loreaux  
LT Sara Lund  
LT James Mason  
LT Randall Morris  
LT Katrina Mosley  
LT Adora Ndu  
LT Sheetal Patel  
LT Helen Saccone  
LT Jonas Santiago  
LT Sarah Simon  
LT Danielle Smith  
LT Chad Thompson  
LT Carolyn Volpe  
LT Teresa Vu  
LT Evan Wearne  
LTJG Tara Carolfi  
LTJG David Dar  
LTJG Steven Galvez  
LTJG April Hil  
LTJG Lindsay Mundy  
LTJG Pamela Ogonowski  
LTJG Cristina Ortega  
LTJG Yvonne Santiago  
LTJG James Trinidad  
ENS Nina Cimino  
ENS David Eng  
ENS Andrew Kim

## OS

LCDR Robert Feinberg  
LCDR So'Nia Gilkey  
LCDR Rene Grossnickle  
LCDR Daniel Scott  
LT Pamela Davis  
LT Rebecca Egyed  
LT Jeffrey Goodie  
LT Evan Shukan  
LT Pattama Ulrich  
LTJG Marjorie Gray  
LTJG Regina Jacobs  
ENS Patrice Forrester

## PSC

LT Miguel Pineiro  
ENS Samuel Imbriale

## SAMHSA

LT Michael Ahmadi

# JOAG Congratulates all Junior Officers on their recent promotions!

(Second Quarter of Promotion Cycle: Oct. – Dec. 2009)

Contributed by the JOAG Welcoming Committee

## To Commander (05)

### Dental

Minh Kevin Lee	10/1/2009
Elmer Garnel Martin	10/1/2009

### Dietitian

Pamella K. Vodicka	12/1/2009
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### Engineering

Mark Christopher Jackson	10/1/2009
Katherine Elizabeth Jacobitz	10/1/2009
Dayton D. Newbrough	10/1/2009

### Environmental Health Officer

Gary W. Carter	10/1/2009
Brian Lincoln Cook	10/1/2009
Robert P. Morones	10/1/2009

### Health Services Officer

Jeffrey Alan Coady	10/1/2009
Terri Thomas Mcconnell	10/1/2009
Parmjeet S. Saini	10/1/2009
James F. Zink	10/1/2009

### Medical Officer

Joan Christine Han	10/1/2009
Carolyn Jean Tabak	11/1/2009

### Nurse

Philantha M. Bowen	10/1/2009
Michelle E. Brown-Stephenson	10/1/2009
Frank L. Cordova	10/1/2009
Joanne Marie Galano	10/1/2009
Rosemary Ann Johnson	10/1/2009
Kevin James McDermott	10/1/2009
Dorothy Rita Merchant	11/1/2009
Thomas Theodrick Pryor	10/1/2009
Clifton U. Reckley, Jr.	10/1/2009
Tiara Rose Ruff	10/1/2009
Hyosim Seon-Spada	10/1/2009
Jennifer L. Williams	10/1/2009

### Pharmacist

Kofi Boadu Ansah	10/1/2009
Tracy L. Reed	10/1/2009
Kelly Erin Valente	10/1/2009

### Scientist

Karon Abe	10/1/2009
Kathleen Green Raleigh	10/1/2009
Margaret Ann Riggs	10/1/2009
Jorge Mario Ruano-Rossil	10/1/2009

## To Lieutenant Commander (04)

### Dietitian

Deidra Grelle Scarborough	10/1/2009
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### Environmental Health Officer

Jamie H. Mutter	10/1/2009
Michael R. Reed, Jr.	10/1/2009
Jennifer Lynn Zipprich	10/1/2009

### Health Services Officer

Jon Peter Antoniou	10/1/2009
Mollie Ana Ayala	10/1/2009
Tomas Alvarino Bonome	10/1/2009
Brian Thomas Burt	10/1/2009
Frances Lorelle Dejesus	10/1/2009
Frederick Aundrae Durr	10/1/2009
Patricio Gabriel Garcia	10/1/2009
Michael Ray Garner	10/1/2009
Mark Frances Mckinnon	10/1/2009
Roque Miramontes	10/1/2009
Joseph Ralph Newcomb	10/1/2009
Mark Alan Nienhuis	10/1/2009
Adeoye John Oguntomilade	10/1/2009
Israel Otero	10/1/2009
Alpa Patel-Lawson	10/1/2009
Mark Thomas Rives	10/1/2009
Michael William Schappaugh	10/1/2009
Antoine Sintario Smith	10/1/2009
Kymberly M. Spady-Grove	10/1/2009
Rachel Elizabeth Spiller	10/1/2009

### Nurse

Tara Ann Cozzarelli	10/1/2009
Monique A. Davis	10/1/2009
Marjorie Delmar	10/1/2009
Mary Lou Kennedy	10/1/2009
Melanie L. Paredes	10/1/2009
April L. Poole	10/1/2009
Timothy Wayne Thomas	10/1/2009
Colleen E. Wahl	10/1/2009

### Pharmacist

Kelly Lynn Thompson	10/1/2009
Christopher Joseph Vito	10/1/2009
Aimee L. Young	10/1/2009

### Therapist

Felipe Guzman-Zamarron	10/1/2009
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## Merchandise



### USPHS Blanket

This polyester anti-pilling fleece blanket with the USPHS seal folds neatly inside itself. It folds up into itself, secures with a Velcro® closure and has an attached handle for easy carry.

**\$12.50 each**

### USPHS Coin Rack

This solid pacific coast maple coin rack measures 7"x9" and has five rows that can hold military and USPHS coins. It has the USPHS seal and mission laser engraved on the front.

**\$20 each**



### JOAG T-Shirt

(M, L, X-L sizes available)



A gray t-shirt with the JOAG seal on the front and the slogan "The Surgeon General's Commissioned Corps, Helping You Live Healthy" on the back.

**\$15.00 each**

For information on purchasing items please visit the [JOAG site](#). You can also contact [LCDR Thomas Janisko](#) for more information.

## JOAG Announcements

### JOAG Executive Committee for 2009-2010:

LCDR Diem-Kieu Ngo, Chair  
 LCDR Carlos Bell, Chair-Elect  
 LCDR Blakeley Denkinger, Vice Chair  
 LCDR Alex Dailey, Financial Liaison  
 LCDR Jamie Mutter, Secretary  
 LCDR Maleeka Glover, Ex-officio

### JOAG Senior Advisor for 2009-2010:

CAPT Dean Coppola (OCCO)

### 2009-2010 JOAG Voting Membership:

LCDR Heather Bair-Brake (CDC), Veterinarian\*  
 LCDR Harvey Bell (DHS), Therapist  
 LCDR Carlos Bell (FDA), Health Services Officer  
 LCDR Amy Constantine (FDA), Health Services Officer  
 LT Christina Coriz, (NIH), Health Services Officer  
 LCDR Alex Dailey (IHS), Engineer\*  
 LCDR Blakeley Denkinger (FDA), Dietician\*  
 LDCR Jessica Feda (BOP), Therapist\*  
 LCDR Thomas Janisko (ASPR), Health Services Officer  
 LCDR Merel Kozlosky (NIH), Dietician  
 LCDR Brett Maycock (DHS), Health Services Officer\*  
 LDCR Rajal Mody (CDC), Physician\*  
 LCDR Jamie Mutter (CDC), Environmental Health Officer\*  
 LCDR Diem-Kieu Ngo (FDA), Pharmacist  
 LCDR Corey Palmer (HRSA), Health Services Officer  
 LCDR Morrisa Rice (HRSA), Health Services Officer  
 LT Martin Taxera (IHS), Nurse\*  
 LCDR Robin Toblin (BOP), Scientist\*  
 LCDR Yvette Waples (FDA), Pharmacist\*  
 LCDR Maleeka Glover (CDC), Scientist  
 LT Scott Williams, (IHS) Dentist\*

\*PAC/Category Liaison

### Upcoming JOAG Meeting Schedule 2009-2010

**January 8:** Speaker Series, 1300-1400 EDT  
**February 12:** JOAG General Membership Meeting, 1300-1500 EDT  
**March 12:** Speaker Series, 1300-1400 EDT  
**April 9:** JOAG General Membership Meeting, 1300-1500 EDT  
**May 14:** Speaker Series, 1300-1400 EDT  
**June 11:** JOAG General Membership Meeting, 1300-1500 EDT  
**July 9:** Speaker Series, 1300-1400 EDT  
**August 13:** JOAG General Membership Meeting, 1300-1500 EDT  
**September 10:** Speaker Series, 1300-1400 EDT  
**October 13:** JOAG General Membership Meeting, 1300-1500 EDT



Pictured from Left to Right: LCDR Morrisa Rice, LCDR Carlos Bell, LDCR Diem-Kieu Ngo, LCDR Blakeley Denkinger, and LCDR Robin Toblin

**Miss a JOAG Meeting? Don't despair!**  
**JOAG meetings are recorded. Audio recordings are available "on demand" by e-mailing LT Hiren Patel**  
[hiren.patel@fda.hhs.gov](mailto:hiren.patel@fda.hhs.gov)

This newsletter has been provided by the JOAG Communications & Publications Committee. For more information on how to contribute to future editions, please contact [LT Christina Coriz](#), committee chair, or [LTJG Tracy Tilghman](#), committee co-chair .

**Continued from page 1**

In addition to serving as an advisory group to the Surgeon General and various other PHS entities, JOAG will be involved in many exciting initiatives and activities this coming year that will foster camaraderie and officership:

- Establishment of the JOAG Forward Thinking Workgroup to evaluate 1) how the healthcare workforce will look like in 20-30 years and how it will affect the Corps; and 2) how USPHS emergency preparedness and response will look like in 20-30 years and what we can do now to be a ready force
- Establishment of the JOAG Healthcare Occupations Students of America (HOSA) Workgroup to develop a mentoring program between Corps officers and high school/college students interested in a healthcare profession so that we can help build a strong and large healthcare work force
- Joint volunteer opportunities with our sister services across the nation to help give back to our communities while increasing our visibility as Corps officers
- Submission of a proposal for a PHS Outstanding Volunteer Service Medal and a proposal for a PHS Longevity Service Award to the OSG for consideration
- Development and distribution of a survey to gauge how well JOAG is serving junior officers and how we can improve to better meet our mission
- Distribution of a survey to gauge officers' interest in a newly proposed shadowing program ("Take a Junior Officer to Work") and development of such a program if interest is high
- Finalization of a proposed career and leadership pyramid for junior officers to use as a reference tool for career progression
- Finalization of alumni contact letter templates to help junior officers in recruitment efforts
- Finalization of a New Officer Guide to help newly commissioned officers navigate the Corps
- Development of a JOAG Historian Workgroup to ensure that our past and current accomplishments are properly documented and recorded
- Review the JOAG Strategic Plan to ensure the goals and objectives outlined within are updated to enable us to meet present and future challenges

Membership diversity remains a high priority for JOAG. As such, I will work with the JOAG committee Chairs to ensure that non-voting active participants are given opportunities to lead committee projects and new JOAG initiatives. Geographic and OPDIV/Agency diversity will be considered in selecting volunteers for projects and activities. If you're not already an active JOAG participant, please consider volunteering for any one of our projects listed above.

In closing, I ask that you continue to be actively involved in JOAG and lead with me so together we can build a stronger JOAG and thus a better Corps. Thank you for your continued commitment and dedication.

Warmest Regards,  
LCDR Diem-Kieu Ngo

**Continued from page 4**

The Centers for Disease Control and Prevention (CDC) then implemented a robust nationwide 2009-H1N1 vaccination campaign. The CDC's Advisory Committee on Immunization Practices (ACIP), a panel made up of medical and public health experts, recommended that certain priority groups be the first to receive the H1N1 flu vaccine including pregnant women, household contacts and caregivers for children younger than six months of age, healthcare and emergency medical services personnel, people from six month through 24 years of age, and persons aged 25 through 64 years with high risk health conditions. States began ordering vaccine through the CDC on September 30<sup>th</sup>, in accordance with each State's tailored vaccination plan, and nationwide distribution vaccine is now underway to all states.

Additionally, CDC developed and/or updated guidance's in many areas including diagnostic testing, antivirals, infection control, private sector businesses, schools, childcare, and respiratory protection to name a few. All guidance materials are available to the public at [www.flu.gov](http://www.flu.gov).

The 2009-H1N1 Influenza response has been a unique partnership between the public and private sector, as well as communities, families, and individuals, all working together through shared responsibility to protect and advance the health of the Nation. The preceding years of pandemic influenza preparation gave us an excellent foundation upon which to launch our response to this real-time event, which has challenged us anew to evaluate our response capabilities and move forward with vigor to prepare for the next all-hazards event.

**To our General Membership:**

**JOAG is able to thrive due to the work that is done by our committees and workgroups. Thank you to the entire general membership for making this an exceptional organization!**



**Continued from page 5**

**LCDR Harvey Ball**, Continuity Planner for Department of Homeland Security (DHS), Office of Health Affairs: As part of the H1N1 Flu response, I helped review the Continuity of Operations Plans for the 24 components of Department of Homeland Security to ensure that they all addressed social distancing, tele-work, alternate work locations and options for leave while maintaining mission critical functions of DHS. We also addressed the use of vaccination and anti-virals for mission critical personnel.

**LCDR Ron Pinheiro and LCDR Andrew Chen**, HHS Regional Emergency Coordinators (RECs): As Regional Emergency Coordinators (RECs) for the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), we are responsible for coordinating the overall HHS H1N1 Flu preparedness and response activities within our respective regions; LCDR Pinheiro is the Supervisory REC in HHS Region VIII (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming) and LCDR Chen is a REC in HHS Region II (New Jersey, New York, Puerto Rico, and US Virgin Islands). RECs routinely work closely with Federal, State, Tribal, and local health and emergency management agencies. For the H1N1 Flu, we are monitoring public health and medical systems in partnership with State Health Preparedness Directors, looking for potential issues that would trigger requests for Federal assistance. If HHS/Federal ESF-8 assets are deployed, the RECs assume responsibility for the direction and support of those assets within our regions.

**LCDR Timothy Langford**, Assistant Chief Pharmacist for the Indian Health Service (IHS) Klamath Tribal Health & Family Services (KTHFS) (Chiloquin, OR): I am acting as Incident Commander for our clinics H1N1 Flu response at our small ambulatory care clinic (4 medical and 2 dental providers). As the Incident Commander, I directly supervise our Public Information Officer, Liaison Officer and Safety Officer. I also directly supervise our Operations, Planning, Logistics and Finance Section Chiefs to develop and implement our Incident Action Plans (IAP) that contain general objectives that drive our overall strategy for managing the H1N1 Flu situation. One of these objectives was to offer H1N1 vaccine to all KTHFS staff; and we accomplished this by holding flu vaccination clinics.

**LT Angela Fallon**, Director of Public Health Nursing & **LTJG Jennifer Harrison-Hauer**, Public Health Nurse, IHS Sells Service Unit, Sells Indian Hospital (Tohono O' Odham Nation, Sells, AZ): The H1N1 Flu disproportionately affects Native Americans. Since prevention is the number one weapon we have to combat disease mortality and morbidity, the Sells Public Health Nursing Department decided to think "outside of the box" when it came to our H1N1 Flu social marketing efforts by promoting prevention strategies such as hand washing, coughing into your sleeve, and staying home when ill. In the past, our social marketing strategies focused on messages geared toward adults, family, and community. Since schools are an excellent way to spread germs and infections in general, our department developed a "children" focused public service announcement (PSA) to teach children how to properly wash their hands or use hand sanitizer if running water is unavailable. We had middle school students from the Tohono O'Odham Nation singing the nursery rhyme "Row, Row, Row your Boat" in this PSA that will air through the duration of the 2009-2010 flu season. Children may not understand why hand washing is an important disease prevention tool however the simplicity behind the message will hopefully motivate them to wash their hands.

**LCDR Sarah Freeman**, H1N1 Flu Clinical Team Leader for the Alaska Native Medical Center (Anchorage, AK): As the H1N1 Flu Clinical Team Leader, I have played a significant role in the Alaska Native Medical Center's planning and response to the H1N1 Flu Pandemic. The clinical team that I lead is comprised of nursing, providers and administration directors of our medical center, and serves to provide direction to Incident Command. I am also responsible for the surveillance of tracking the number of in-patient and out-patient cases of influenza-like illness we have at our facility (which we do via prescription utilization, lab data, inpatient census, and staff absentee reports). The Incident Command uses this data to plan and accommodate the staffing and services requirements to continue fluid access to our healthcare system. I am also responsible for the containment of H1N1 Flu and infection control in our hospital (through methods such as limitation on visitors, isolation precautions, hand hygiene stations, and pandemic procedures). I also have developed multiple weekly updates to communicate to our staff, providers, and the local media the latest on the H1N1 Flu. In addition, I have been working with the State of Alaska Epidemiology Department and our local CDC Arctic Investigations Program to determine the incidence of H1N1 Flu in the Alaskan Native population, and the clinical risk factors that are specific/unique to this population.

Because of the ongoing nature of the H1N1 Flu pandemic, and the evolving knowledge about the H1N1 Flu, public health information and guidance is continually updated. Please visit the U.S. Government's Flu website at [www.flu.gov](http://www.flu.gov) for the latest information.

**Please make sure to check out Part II of this article in the winter issue of the JOAG Journal.**

**Continued from page 6.**

After several days of classroom learning, we were finally ready to put our skills to the test. Operation: Charybdis training exercise was in full effect. The "For Real" exercise (we were told to say "for real, for real, for real" to when we were out of "training" mode) proved to be very realistic and allowed me the opportunity to work as a Health Educator. I was able to view how the EOC operated from the inside out. I also had the opportunity to contribute my communication expertise by developing messages about H1NI and how to protect yourself and those around you in the event of a "For Real, For Real, For Real" pandemic event. During the exercise I was responsible for getting out into the field and delivering informative messages to key players. I also assisted those "patients" in need while working directly with my team members.

The simulated exercise provided me with an increased understanding of the procedures, goals, and expectations of me and my team while in the field. It also provided our group as a whole with constructive criticism on items to improve on, including communication and accountability. At the end of the week, the training exercise culminated with a graduation ceremony and cook-out. As much as we all were ready to go, I do not think anyone left out of there without a piece of cake and newly formed friendship.

Overall the training exercise reinforced my commitment to the Corps and made me proud to be of service to the Nation. I learned that rank and titles mean nothing when you are left with nothing but fear, two boards, and some rope. We may not be the defenders of the Nation's "Freedom" but we defend something as equally important: our Nation's "Health."

To all my partners in crime, Applied Public Health Team (or APHT especially), I am looking forward to future OFRD exercises and making my mark on the Corps, one "UNIFORM" fix at a time!



## PHOTOS

From page 7

**Left to Right**

**Photo 1:** PHS Officers test out their acting and emergency preparedness skills

**Photo 2:** Officers and patients participating in "Operation: Charybdis"

**Photo 3:** Officers listen attentively to feedback on their performance during the field exercise

**Photo 4:** PHS Officers and MRC volunteers participating in Electronic Medical Records (EMR) training

**Photo 5:** Junior Officers LT Chen and LT Woolfolk waiting to begin "Operation: Charybdis"

**Photo 6:** LT Conklin with her MRE while chatting with Security team personnel LCDR Oliver

**Photo 7:** LCDR Zee and LTJG Snyder

**Photo 8:** LCDR Nguyen, LTJG Tilghman, and LCDR Rodriguez

**Photo 9:** LCDR Windom and LCDR Johnson preparing for a day of training at the Heth Building

**Photo 10:** A look inside the Field Medical Station (FMS) for "Operation: Charybdis"